



Los Angeles County Commission on HIV

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MEETING SUMMARIES • NEWS ON KEY DISCUSSIONS

- Commission Meeting
- Executive Committee
- Joint Public Policy (JPP) Committee
- Operations Committee
- Priorities and Planning (P&P) Committee
- Standards of Care (SOC) Committee
- Other Business

Priorities and Planning Committee Meeting June 23, 2009 – Summary Notes

Jeff Goodman and Kathy Watt, Committee Co-Chairs, read a statement in response to misinformation about the Committee's original FY 2010 allocation recommendation warning that the Committee's allocations would end HIV food programs in the County. They noted that allocations only governed the use of Ryan White funds and not Net County Cost (NCC) or other resources that the food programs secure themselves. The Co-Chairs expressed concern that consumers were unnecessarily panicked and alarmed in an effort to generate opposition to the Committee's recommendations, and that such alarm could negatively impact client health.

In light of public comment at the June 11, 2009 Commission meeting, however, the Committee amended its FY 2010 allocation recommendations to the Commission by restoring the Nutrition Support allocation to 1.0% by delaying implementation of the Outreach service category allocation from FY 2010 until 2011 (from 1.0% to 0.0% in FY 2010), in order to undertake a study of Nutrition Support services during the remainder to guide future decisions regarding nutrition support services. The study will assess current funded programs, along with other community food resources, the impact and role of nutrition support services in the local HIV continuum of care, and other characteristics of the Nutrition Support category, and is intended to inform the FY 2011 Priority- and Allocation-Setting process.

The Committee's motion also notified the community of its intent to allocate to Outreach in FY 2011 concurrent with implementation of Medical Care Coordination. Outreach services are supplemental to those outreach activities being conducted in conjunction with other service delivery, and aim to enroll or maintain those who have fallen out of or are at risk of falling out of care, and those who know they are HIV+ but are not in care (unmet need) in care and treatment services.

The Committee retained the remainder of its allocation recommendations to the Commission: funding Benefits Specialty at 2% and Health Insurance Premiums and Cost-Sharing at 1%, increasing Medical Transportation by .8%, reducing Case Management, Psychosocial by .4%, and eliminating the 3.3% allocation to Treatment Education. The Treatment Education—a category intended to supplement continuing treatment adherence and education activities in medical outpatient, case management and related services—allocation reflected the Committee's intention to strengthen treatment adherence in those categories, and not separately and, again, does not comprise all County funding for the service category. The Commission and OAPP will work in partnership to ensure timely

implementation of all funded services, including direct appeal to the Board to expedite procurement, if necessary.

Public participation is encouraged at Commission and Committee meetings including during the Priority- and Allocation-Setting process. The Committee encourages the public to stay involved and contact Commission staff at any time if they have questions.

The amended FY 2010 allocations, to be presented at the 7/9/2009 Commission meeting, are:

Service Category	FY 2010 Rankings	FY 2010 Allocations	FY 2009 Allocations
Medical Outpatient/Specialty	1	\$21M¹	58.0%/1.5%
AIDS Drug Assistance Program (ADAP)/ADAP Enrollment	2	0.0%	0.0%
Local Pharmacy Program/ Drug Reimbursement	3	\$21M¹	0.0%
Benefits Specialty	4	2.0%	0.0%
Oral Health Care	5	3.7%	3.7%
Mental Health, Psychiatry	6	2.5%	2.5%
Mental Health, Psychotherapy	7	6.5%	6.5%
Case Management, Medical	8	1.5%	1.5%
Case Management, Psychosocial	9	7.6%	8.0%
Early Intervention Services	10	0.0%	0.0%
Health Insurance Premiums and Cost Sharing	11	1.0%	0.0%
Substance Abuse, Residential	12	6.5%	6.5%
Substance Abuse, Treatment	13	0.0%	0.0%
Residential, Transitional	14	0.0%	0.0%
Residential, Permanent	15	NF ²	NF ²
Outreach	16	0.0%	0.0%
Medical Transportation	17	2.7%	1.9%
Treatment Education	18	0.0%	3.3%
Medical Nutrition Therapy	19	1.0%	1.0%
Nutrition Support	20	1.0%	1.1%
Legal	21	0.0%	0.0%
Case Management, Transitional	22	1.5%	1.5%
Direct Emergency Financial Assistance	23	0.0%	0.0%
Case Management, Housing	24	0.0%	0.0%
Language/Interpretation	25	0.0%	0.0%
Skilled Nursing	26	2.0%³	2.0%³
Home Health Care	27	0.0%	0.0%
Case Management, Home-based	28	1.0%	1.0%
Hospice	29	2.0%³	2.0%³
Child Care	30	0.0%	0.0%
Workforce Entry/Re-entry	31	0.0%	0.0%
Rehabilitation	32	0.0%	0.0%
Health Education/Risk Reduction	33	0.0%	0.0%
Counseling and Testing in Care Settings	34	\$21M¹	0.0%
Referrals	35	0.0%	0.0%
Peer Support	36	0.0%	0.0%
Respite Care	37	0.0%	0.0%
Psychosocial Support	38	0.0%	0.0%

Bolded services are core medical services.

¹ Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.

² Not fundable by Ryan White Program Parts A and B.

³ The allocation is combined for these two service categories.

Julie Cross, Benefits Consultant, reported State budget negotiations continue with most occurring out of public view. The State Office of AIDS has publicly considered diverting funds from Los Angeles and San Francisco to areas with fewer non-state resources. The state is also seeking a waiver of federal Maintenance of Effort (MOE) requirements while simultaneously considering use of the ADAP rebate fund to meet MOE requirements. Surveillance, which provides data needed for federal applications, remains under threat. It is important to maintain vigilance.

The next Committee meeting is scheduled for 7/28/2009, 1:30 to 4:30 pm. The agenda will include contingency plans and directives, including more complete discussion of the Nutrition Support study.